

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 04971 14

1. PLACE OF DEATH:

County BaltimoreCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Schmuffen HospitalHow long in hospital or institution? 10 days

3. (a) FULL NAME

Joseph Columbus Barger

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Lenna Belle Earles7. Birth date of deceased (mo., day, yr.) Dec 7 1883 8. (c) If alive, give age 59 years8. AGE: Years 61 Months 5 Days 5 If less than one day9. Birthplace Maryland
(Town, county, and state)10. Usual occupation B & O RR Conductor11. Industry or business Transportation12. Name Charles A. Barger13. Birthplace Maryland14. Maiden name Watis E. Shilling15. Birthplace Maryland16. Informant Mrs Lenna B BargerAddress (Rural) Brunswick, Ind.17. (Burial, cremation, or removal, Which?) Burial Date thereof May 15 1945
(month) (day) (year)Cemetery or crematory BrithumLocation Brownsville Maryland18. Funeral director CX Dietz + BnAddress Brunswick Maryland19. May 14 19 45 Lucina Martin
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick (Rural)
(If outside city or town limits, write RURAL and give nearest town)Street No. new addition
(If rural, give LOCATION)2. (a) If veteran, name war no

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 19 45, at 4:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 19 45 to May 12 19 45and that I last saw him alive on May 12 19 45Immediate cause of death Coronary Thrombosis 2 ang

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William J. ChupmanAddress Brunswick, Md. Date signed May 14 1945

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REK
MAY 15 1945
BUREAU V.L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Weeks
Hospital, institution, or street address where death occurred:
235 West South Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State California County Los Angeles
City or town Los Angeles
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war None ✓

3. (a) FULL NAME
SAMUEL MILLER BEAN D. D.

3. (b) Social Security Number
None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) January 7, 1882 6. (c) If alive, give age..... years

8. AGE: Years 63 Months 4 Days 4 If less than one day
..... hrs. min.

9. Birthplace Bristol, Virginia
(Town, county, and state)

10. Usual occupation Minister

11. Industry or business.....

12. Name Rev. John M. Bean

13. Birthplace Roanoke, Virginia

14. Maiden name Isabella Holland

15. Birthplace Frederick County Maryland

16. Informant Mrs. U. G. Bourne, Sr.

Address 235 W. South St., Frederick, Md.

17. Burial Date thereof 5/15/45
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Methodist Cemetery

Location Bolivar, West Virginia

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 14 May 1945 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th, 1945 at 11:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-10 1945 to 5-11 1945
and that I last saw him live alive on 5/11/ 1945

Immediate cause of death Coronary Thrombosis
.....
.....

DURATION

1 day

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE U. G. Bourne Jr. M. D.
M. D. or other

Address Frederick, Maryland Date signed 5-12-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED BY THE STATE DEPARTMENT

CERTIFICATE OF DEATH

RECEIVED

MAY 17 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

04973

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Years
Hospital, institution, or street address where death occurred:
11 West Fifth Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 11 West Fifth Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war.....

3. (a) FULL NAME

BLANCHE L. BOLEYN

3. (b) Social Security Number
None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
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6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) January 10, 1943
6. (c) If alive, give age..... years

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>4</u>	<u>1</u>hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business.....

12. Name Lester E. Boleyn

13. Birthplace Baltimore, Maryland

14. Maiden name Florence Icenrode

15. Birthplace Baltimore, Maryland

16. Informant Lester E. Boleyn

Address 11 W. 5th St., Frederick, Md.

17. Burial Mount Olivet Cemetery
(Burial, cremation, or removal. Which?) Date thereof 5/14/45
(month) (day) (year)

Cemetery or crematorium Frederick, Maryland
Location.....

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 11-May-45 Registrar Elizabeth B. Hach
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th, 1945 at 9:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 9:45 to May 11 11:45

and that I last saw him alive on May 11 11:45

Immediate cause of death..... DURATION 3 hrs

Brain hemorrhage

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE M. D.

Address Frederick, Maryland Date signed 5-11-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAY 14 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04974

132

1. PLACE OF DEATH:

County Frederick

City or town Middletown Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick

City or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Eliza May Boyer

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Eldridge C. Boyer

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) August 22, 1884

8. AGE: Years 60 Months 9 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Jefferson, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Cleggatt Baxter Bisco

13. Birthplace Jefferson, Md.

14. Maiden name Eliza Bonulus

15. Birthplace Jefferson, Md.

16. Informant Eldridge Boyer

Address Middletown, Md.

17. Burial Date thereof 5-30-45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. May 20 1945 Marie Gladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1945 at 1:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1945 to May 28 1945 and that I last saw her alive on May 27 1945

Immediate cause of death

Acute Cardiac Dilatation DURATION 17 hrs

Due to

Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Middletown

Date signed 5-28-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1946
BUREAU V.E.

100-1-1-1-1-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8372

CERTIFICATE OF DEATH

04975

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Dickerson - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 yearsHospital, institution, or street address where death occurred:
Forrest Grove

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Dickerson - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Forrest Grove

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME

ALBERTA CHRISTIANA BRECKENRIDGE

3.(b) Social Security Number

None4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W6.(b) Name of husband or wife Lemuel W. Breckenridge7. Birth date of deceased (mo., day, yr.) August 4, 1861 6.(c) If alive, give age years8. AGE: Years 83 Months 9 Days 18 If less than one day hrs. min.9. Birthplace Lucketts-Loudoun County Virginia
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. William T. MoxleyAddress Dickerson, Maryland - Rural17. Burial 5/25/45
(Burial, cremation, or removal, whichever) Date thereof (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 24 May 1945 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd, 1945, at 9:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 10 1942 to May 22 1945and that I last saw him as alive on May 22 1945

Immediate cause of death

DURATION

Cerebral Hemorrhage 1 DayDue to arteriosclerosis systemDue to 2 emboli

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Laurence Fehmy M. D.Address Frederick, Maryland Date signed 5-24-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAY 25 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

04976 | 3 |
Reg. Dist. No.

1. PLACE OF DEATH:

County Fredrick
City Fredrick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

18 days

3. (a) FULL NAME

Albert Henry Brooskey

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

February 16, 1862

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

83311hrsmin.

9. Birthplace

Fredrick County, Maryland

10. Usual occupation

Bush & Lumber Maker

11. Industry or business

Myroth Brick

FATHER

12. Name

Peter Brooskey

13. Birthplace

Germany

MOTHER

14. Maiden name

Wiley Ford

15. Birthplace

Fredrick County, Maryland

16. Informant

Victor Brooskey

Address

Fredrick Md.

17.

(Burial, cremation, or removal, which?)

Date thereof

May 29 - 1945

Cemetery or crematory

St. John's Cemetery

Location

Fredrick Md.

18. Funeral director

B. E. Blume & Son

Address

Fredrick Md.

19.

(Date rec'd by registrar)

28-May-1945Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Fredrick

City or town

Fredrick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 27

19

45, at 2:15 PM

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

May 9, 1945 to May 27, 1945

and that I last saw

him on May 27, 1945

Immediate cause of death

Chronic myocarditis

DURATION

Due to

Due to

Other conditions

Acute Sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William M. O.

M. D. or other

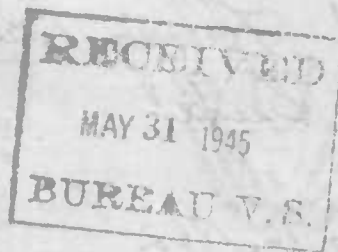
Address

Fredrick Md.

Date signed

May 28-45

for 12line



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-2

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick, Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Graceham
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)2(a) If veteran, name war... No

3. (a) FULL NAME

EFFIE S. BUHRMAN

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) April 20, 1867

8. AGE: Years 77 Months 0 Days 25
 If less than one day _____ hrs. _____ min.

9. Birthplace... Foxville, Maryland
 (Town, county, and state)10. Usual occupation... Housework11. Industry or business Own home.12. Name... William Buhrman13. Birthplace Sabillasville, Maryland.14. Maiden name Emily Harbaugh15. Birthplace Eyler's Valley, Maryland.16. Informant... Mrs. Carrie HesserAddress Graceham, Maryland.17. Burial Date thereof May 18, 1945.
 (Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory... Graceham CemeteryLocation Graceham, Md.18. Funeral director... M. L. Creager & Son.Address Thurmont, Md.19. 17 May 19 45 Elizabeth H. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 15 19 45 at 5:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ to _____ 19 _____
 and that I last saw him on May 15 19 45

Immediate cause of death Shock DURATIONDue to Fell down stairway 4 days

Due to _____

Other conditions Fracture of both
bones of left wrist
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of May 11, 45

Accident, suicide, or homicide Graceham, Frederick Co. Md.
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Graceham Md.Means of injury Fell down stairs Injured at work? no23. SIGNATURE... Dr. W. Baer DEPUTY MEDICAL EXAMINER

Address... 17 May Date signed 1945
 M. D. or other

CERTIFICATE OF DEATH

RECEIVED

MAY 22 1945

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04978

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

18 West 12th Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 18 West 12th Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3.(a) FULL NAME

EVELYN FRANCES BURNS

3.(b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>M</u>
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6.(b) Name of husband or Robert W. Burns6.(c) If alive, give age 28 years7. Birth date of deceased (mo., day, yr.) December 27, 1915

8. AGE:	Years	Months	Days	It less than one day
	<u>29</u>	<u>4</u>	<u>7</u>	
			hrs.	min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Glenn G. Green13. Birthplace Frederick County Maryland14. Maiden name Erma E. Biser15. Birthplace Frederick County Maryland16. Informant Robert W. BurnsAddress 18 W. 12th St., Frederick, Md.17. Burial 5/6/45

(Burial, cremation, or removal of remains) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryFrederick, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, Maryland

Address

19. H-May 1945 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th, 1945 9:30A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 - 1942 to May 4 1945and that last saw her alive on May 4 1945Immediate cause of death Brain tumorResection of Brainwith metastasis

Due to

Due to

Other conditions exhaustion

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence E. Hines M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-4-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NEW YORK STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAY 5 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

04979

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
102 East Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 102 East Street
(If rural, give LOCATION)
2(a) If veteran, name war None

3. (a) FULL NAME SUSIE MAY CARROLL
3. (b) Social Security Number None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Unknown
6. (b) Name of husband or wife
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 20, 1888
8. AGE: Years 57 Months 1 Days 16 If less than one day
.....hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
12. Name John Carroll
13. Birthplace Washington, D. C.
14. Maiden name Katie Wicks
15. Birthplace Frederick County Maryland

16. Informant Mrs. Rudolph Lyles
Address Frederick, Maryland

Burial Burial Date thereof 5/8/45
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Fairview Cemetery
Frederick, Maryland
Location M. R. Etchison and Son
18. Funeral director Frederick, Maryland
Address

19. 7 May 1945 Elizabeth G. Hesk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th, 1945, at 4 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12:30 p.m. 1945, to 19:45
and that I last saw deceased on May 6 1945
Immediate cause of death Coronary Thrombosis?
DURATION 1 1/2 hrs
Due to
Due to
Other conditions
(Include pregnancy within 9 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Boyd
Boyd other
Address Frederick, Maryland Date signed 5-7-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1/2 hr.

Hospital, institution, or street address where death occurred:

B. O. R. R. station

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ohio CountyCity or town Chillicothe
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war War #1 ✓

3. (a) FULL NAME

Bascomb Lanier Chipley

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Carolyn R. Chipley

7. Birth date of

deceased (mo., day, yr.)

Nov 10 1884

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

6063

hrs.

min.

9. Birthplace

Edgefield Co. S. C.
(Town, county, and state)

10. Usual occupation

Physician - Surgeon

11. Industry or business

Med. Dir. & Supt. Int. Prison, Chillicothe, Ohio

FATHER

12. Name

T. S. Chipley

13. Birthplace

South Carolina

MOTHER

14. Maiden name

Anna E. Lanier

15. Birthplace

South Carolina

16. Informant

Mrs Carolyn R. Chipley

Address

865 - 1st Ave. Apt. 13A
New York (17) N.Y.17. Reburied

(Burial, cremation, or removal. Which?)

Date thereof

May 13, 1945
(month) (day) (year)

Cemetery or crematory

Greenwood S. C.

Location

Chillicothe, Ohio

18. Funeral director

C. H. Hester & Son

Address

Brunswick, Md.19. May 13

(Date filed by registrar)

19. 45Emma Martin
Reg. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19. 45, at 6:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 17 days prior to May 13 19. 45

Immediate cause of death

Coronary occlusion

DURATION

1/2 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. Bann Deputy
Frederick, Md. M. D. or otherAddress Frederick, Md. Date signed 5/13/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 139

04981

1. PLACE OF DEATH: Frederick
County.....
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 6/1/44
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 6/1/44

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County.....
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1818 N. Milton Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Vera M. Cincotta

3. (b) Social Security Number

217-01-3353

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

B. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1914 B. (c) If alive, give age..... years

8. AGE: Years 30 Months 6 Days 23 If less than one day..... hrs. min.

B. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Office Work

11. Industry or business.....

12. Name Morris Thomas

13. Birthplace Baltimore, Maryland

14. Maiden name Lillian Beatty

15. Birthplace Baltimore, Maryland

16. Deceased

18. Informant Deceased

Address Brown

17. (Burial, cremation, or removal. Which?) Brown Date thereof May 2, 45
(month) (day) (year)

Cemetery or crematory Unknown

Location Md. Registrar's

18. Funeral director Thurman

Address 5/19

19. (Date rec'd by registrar) 5/19 Registrar 5/19

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 19 45, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 44, to May 18 19 45.

and that I last saw her alive on May 18 19 45.

Immediate cause of death Pulmonary Tuberculosis DURATION 13 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Lynn M. D. XXXXX

Address State Sanatorium, Md. Date signed 5/19/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

Infant

Robert

RECEIVED
MAY 21 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04982 131
Reg. Dist. No.

1. PLACE OF DEATH:

County... Frederick
City or town... Walkersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... md County... Fred. Co.
City or town... Walkersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war...

3. (a) FULL NAME

Susie Elizabeth Cleve

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, divorced Widowed
7. Birth date of deceased (mo., day, yr.) Jan. 8, 1874 B. (c) If alive, give age... years
8. AGE: Years 71 Months 3 Days 23 If less than one day... hrs. ... min.

9. Birthplace nr. Walkersville, Fred. Co., md.
(Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... Charles O. Bitler
13. Birthplace... Fred. Co.

14. Maiden name... Mary Jane Creager
15. Birthplace... Fred. Co.

16. Informant... Charles O. Bitler, jr.
Address... Walkersville

17. Burial Date thereof May 4, 1945
(Burial, cremation, or removal, whichever) (month) (day) (year)
Cemetery or ~~cemetery~~ Glade Cemetery
Location... Walkersville

18. Funeral director... J. C. Barta
Address... Walkersville

19. 3-May 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH... May 1 19 45 at 8:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 38 to May 1 19 45
and that I last saw him alive on Apr 30 19 45

Immediate cause of death... Coronary thrombosis

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... O. E. Osterday

M. D. or other Walkersville, md Date signed... 5/3/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 5 1945

MAY 5 1964
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

Reg. Dist. No. 04983 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
410 1/2 North Bentz St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 410 1/2 North Bentz St.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

William H. Comfort

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

8. (b) Name of husband or wife Lucy L. Lease

7. Birth date of deceased (mo., day, yr.) April 20-1867 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
78 0 15 hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Candy Mfg.

11. Industry or business

12. Name H. J. Comfort
13. Birthplace Frederick County Maryland

14. Maiden name Willia A. Coliflower
15. Birthplace Frederick Co. Md.

16. Informant George Wm. Comfort
Address Washington, D.C.

17. Burial Date thereof May 8-1945
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C.E. Cline and Son
Address Frederick, Maryland

19. 7-May 1945 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th. 1945 at 2 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1945 to May 5 1945 and that I last saw him alive on May 5 1945

Immediate cause of death Chronic Myocarditis year +

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE B. Thomas M. D. or other

Address Frederick, Md. Date signed 5/7/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 10 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 04984 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick, Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital
 How long in hospital or institution: 2 mo. 18 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Gaithersburg, Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. RFD #1
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

James Thompson Lane

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Laura Terry Keiney

7. Birth date of deceased (mo., day, yr.)

October 9, 1861

6. (c) If alive, give age years

8. AGE:

83

Years

Months

7

Days

14

If less than one day

hrs.min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

John T. Lane

FATHER

12. Name

John T. Lane

13. Birthplace

Virginia

14. Maiden name

Mary Elizabeth Colquhoun

15. Birthplace

Virginia

16. Informant

Virginia Lillie

Address

Emergency Hosp. Frederick, Md.

17. Burial

5/26/45

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

W. L. Burdette and Son

Address

Hyattstown, Maryland

19. 24 May

45-
(Date rec'd by registrar)Elizabeth G. Heisk.Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 23 1945 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 14 1945 to May 23 1945and that I last saw him alive on May 23 1945.

Immediate cause of death

Chronic myocarditis

DURATION

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. L. Burdette M. D.Address Frederick, Maryland Date signed 5-24-45

RECEIVED

MAY 25 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 43 yrs
 Hospital, institution, or street address where death occurred:
2 West Petros St.
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2 West Petros St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Amos Charles Dawson

3. (b) Social Security Number

no

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1945 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 30 1945 to May 5 1945
 and that I last saw him alive on May 4 1945

Immediate cause of death

Chronic disease of
Stomach

DURATION

Unknown

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Brunswick Md Date signed 5/6/45

8. (b) Name of husband or wife Mary Virginia Watts
 7. Birth date of deceased (mo., day, yr.) Sept. 13 1877
 8. (c) If alive, give age 60 years

8. AGE: Years 67 Months 7 Days 22
 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)10. Usual occupation B. O. P. Brickman11. Industry or business (Retired)12. Name John Wesley Dawson13. Birthplace Georgia14. Maiden name Mattie Colcock15. Birthplace Virginia16. Informant Mrs. Daisy S. DawsonAddress Brunswick Md17. Burial Date thereof May 7 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Park HeightsLocation Brunswick Md18. Funeral director C. N. Fitch & BrosAddress Brunswick Md19. May 6 1945 Emma Martor
(Date rec'd by registrar) Registrar

RECEIVED TO THE DIRECTOR OF THE BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED
MAY 8 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County..... Frederick
 City or town..... New London
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 2 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... New London
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... R.D. Mt. Airy
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

AMY E. DRONEBURG

3. (b) Social Security Number

4. Sex..... Female
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Married

6.(b) Name of husband or wife..... George W. Droneburg
 7. Birth date of deceased (mo., day, yr.)..... May 3, 1898
 8.(c) If alive, give age..... 50 years

8. AGE: Years..... 47 Months..... 0 Days..... 25
 It less than one day..... hrs. min.

9. Birthplace..... Frederick Co. Maryland
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

FATHER 12. Name..... Augustus Etzler
 13. Birthplace..... Maryland

MOTHER 14. Maiden name..... Cordelia Ecker
 15. Birthplace..... Maryland

16. Informant..... George W. Droneburg
 Address..... Mt. Airy, Md.

17. Burial..... 5-30-45
 (Burial, cremation, or removal. Which?) Date thereof.....
 Cemetery or crematory..... Central Meth.
 Location..... Central, Frederick Co. Md.

18. Funeral director..... C. M. Waltz
 Address..... Winfield, Md.

19. May 29..... 45 Lucian K. Falconer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 28 1945 at 12-59 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....
 and that I last saw her alive on May 27 1945

Immediate cause of death..... DURATION

Heart failure 40 min.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... injured at work?

23. SIGNATURE..... Dr. R. Beale, M.D.
 Address..... Liberty town Date signed..... May 28

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 5 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 831

CERTIFICATE OF DEATH

04987

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
City or town Thurmont - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Thurmont - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

David Josiah Bushong Eyles

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Susan E. Mc Kissick Eyles

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7th 1860

8. AGE: Years 85 Months 3 Days 21 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Benjamin Eyles

13. Birthplace Maryland

14. Maiden name Martha (Pider) Eyles

15. Birthplace Maryland

16. Informant Benjamin H. Eyles

Address Thurmont

17. Burial Date thereof 5-31-45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory United Bathern

Location Thurmont

18. Funeral director Willhild & Breeges

Address Thurmont

19. May 30 19 45 Anna M. Jones
(Date rec'd by registrar) Registrar

Per Blanche S. Eyles

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19 45 at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 45, to May 28 19 45, and that I last saw him alive on May 28 19 45

Immediate cause of death Cerebral Thrombosis DURATION 2 days

Due to Cerebral Arteriosclerosis 2 yrs

Due to

Other conditions Uremic poisoning 2 days

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James H. Gray md
M. D. or other

Address Thurmont - Md Date signed 5/29/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 2 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 32 years.Hospital, institution, or street address where death occurred: 220 East 7th St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Retour
(If outside city or town limits, write RURAL and give nearest town)Street No. 220 East Seventh St.

(If rural, give LOCATION)

2.(a) If veteran, name war no ✓

3. (a) FULL NAME

Lavinia Catherine Fogle.

3. (b) Social Security Number

none4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Norris N. Fogle7. Birth date of deceased (mo., day, yr.) August 15, 1870 6.(c) If alive, give age years8. AGE: Years 74 Months 8 Days 28 If less than one day hrs. min.9. Birthplace Johnsville, Frederick Co. Md
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name John Bostian.13. Birthplace Frederick Co., Md.14. Maiden name Rebecca Metz.15. Birthplace Johnsville, Frederick Co. Md16. Informant Mrs. Mertie StorrAddress 220 E. 8th St. Frederick, Md.17. Burial Date thereof May 16, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematorium Beaver Dam Cemetery.Location Near Johnsville, Md.16. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. 15 May 19 45 Elizabeth G. Hark.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 45 of 100 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 19 45 to May 13 19 45and that I last saw him/her alive on May 11 19 45Immediate cause of death Cerebral HemorrhageDue to HypertensionDue to Cardio Vascular Cerebral DiseaseOther conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings of operations 7 DaysAntopsy results yearsPHYSICIAN: Please underline the cause to which death should be charged statistically. years

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Talmy MDAddress Frederick Md Date signed 5-14-45

MAINE AND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAY 17 1945

BUREAU

RECEIVED MAY 17 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 Hours

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 7 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town New Market
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

ROBERTA CRAMPTON FOSSETT

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or Talmadge W. Fossett7. Birth date of deceased (mo., day, yr.) Unknown

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

46

_____ hrs. _____ min.

9. Birthplace Unknown

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Unknown

13. Birthplace

Unknown14. Maiden name Maude Crampton15. Birthplace Frederick County Maryland16. Informant Walter J. FossettAddress New Market, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5/7/45
(month) (day) (year)Cemetery or place of interment Colored CemeteryLocation New Market, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 5-May 1945
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1945 at 12:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____
and that I last saw him on May 7 1945Immediate cause of death 2nd degree burns
of entire body

DURATION

7 hrs.Due to Explosion of stove when
cool oil was poured into it

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 5.4.45Where did injury occur? New Market (City or town) Frederick (County) md (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Stone fire Injured at work? no

23. SIGNATURE

P. W. Baer
Address Frederick, md Date signed 5.4.45

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED BY STATIONER

RECEIVED

MAY 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 Hours

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 6 Hours

3. (a) FULL NAME

TALMADGE WILLIAM FOSSETT

3. (b) Social Security Number

4. Sex

M

5. Color or race

C6. (a) ~~Single~~ married, widowed, or divorcedW6. (b) Name of husband or wife Roberta Crampton

7. Birth date of

deceased (mo., day, yr.)

April 11, 1897

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

48013

..... hrs.

..... min.

9. Birthplace New London-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

12. Name Walter J. Fossett13. Birthplace Carroll County Maryland

14. Maiden name

Fannie E. Dorsey15. Birthplace Frederick County Maryland16. Informant Walter J. FossettAddress New Market, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5/7/45

(month) (day) (year)

Cemetery or crematory Colored CemeteryLocation New Market, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 5-May 19 45
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town New Market
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2. (a) If veteran, name war None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 19 45, at 11:55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... to

and that I last saw him dead May 4 19 45Immediate cause of death 2nd degreeburn of entire
body

DURATION

6 hrs.

Due to

Explosion of stove when
coal oil was poured into
it

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 5-4-45Where did injury occur? New Market, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury stone - fire Injured at work? no23. SIGNATURE R. W. Baer
M. D. or otherAddress Frederick, Md. Date signed 5-4-45

RECEIVED
MAY 7 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (332)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

Home For The AgedHow long in hospital or institution? 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 Reed St
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Cora Lee Font

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

June 17, 1864

8. AGE:

Years

Months

Days

If less than one day

801021

hrs.

min.

9. Birthplace

Brunswick, Frederick, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 9 May

(Date rec'd by registrar)

19. 45-

Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 19 45 at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 25th 19 45 to May 8th 19 45and that I last saw h. er alive on May 7th 19 45

Immediate cause of death

Cerebral hemorrhage

DURATION

4 days

Due to

Chronic myocarditisLong per
iod of
time

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. H. Conley
Address Frederick, Maryland Date signed 5/9/45

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAY 10 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

04992

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Catoctin- near Thurmont.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Catoctin- near Thurmont.
(If outside city or town limits, write RURAL and give nearest town)Street No. none

(If rural, give LOCATION)

2.(a) If veteran, came war no

3. (a) FULL NAME

Anna Mary Catherine Fraley

3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

FemaleWhiteMarried6.(b) Name of husband or wife Harry W. Fraley6.(c) If alive, give age 73 years7. Birth date of deceased (mo., day, yr.) February 6, 18668. AGE: Years 79 Months 3 Days 23 If less than one day
.....hrs.min.9. Birthplace Lewistown, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Housewife.11. Industry or business Home12. Name Thomas Shaeffer13. Birthplace Lewistown, Md.14. Maiden name Susan Houck Schaeffer15. Birthplace Lewistown, Md.16. Informant Harry W. FraleyAddress Lewistown Md.17. Burial Date thereof May 31, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lewistown, Md.Location Lewistown, Md.18. Funeral director M. L. Creager & Son
Address Thurmont, Md.19. May 31 19 45
(Date read by registrar)Anna M. Jones
Per Blanche S. Egan
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1945 at 11:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr - 15 19 45 to May 29 19 45
and that I last saw him alive on May 29 19 45

Immediate cause of death

chronic myocarditis

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

James F. Gray
Thurmont, Md. M. D. or other
Address Date signed 5/29/45

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED
JUN 2 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-E

CERTIFICATE OF DEATH

Reg. Dist. No. 0499341

1. PLACE OF DEATH:

County Fredrick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 1/2 yrs
Hospital, institution, or street address where death occurred:
Schnauffer Hospital
How long in hospital or institution? 1 1/2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Virginia County London
City or town Rural Southville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural near Southville
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Charles Edward Franklin

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov 13 1869 6. (c) If alive, give age _____ years

8. AGE: Years 75 Months 5 Days 22 It less than one day _____ hrs. _____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Gustavus A. Franklin

13. Birthplace Virginia

14. Maiden name Mary Frye

15. Birthplace Virginia

16. Informant W. C. Rickard

Address Southville Va

17. (Burial, cremation, or removal. Which?) Burial Date thereof May 8, 1945
(month) (day) (year)

Cemetery or crematory Union Cemetery

Location Southville Va

18. Funeral director C. H. Zuto & Son

Address Brunswick Md.

19. (Date rec'd by registrar) May 5 1945 Registrar Anna M. Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1945 at 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1944 to May 3 1945

and that I last saw him alive on May 5 1945

Immediate cause of death _____ DURATION _____

Due to Chronic Reptiles 5 days

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Melvin Schnauffer M. D. or other _____

Address Brunswick Date signed May 5 1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B.P.)

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 5/28/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 5/28/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County...
City or town... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1752 Bank St.
(If rural, give LOCATION)
2. (a) If veteran, name war... ☒

3. (a) FULL NAME

Raymond J. Fuchsluger

3. (b) Social Security Number

218-05-9433

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1921 6. (c) If alive, give age... years

8. AGE: Years 24 Months 3 Days 11 If less than one day... hrs. ... min.

9. Birthplace... Baltimore, Md.
(Town, county, and state)

10. Usual occupation... Machinist

11. Industry or business

12. Name... Conrad Fuchsluger

13. Birthplace... Baltimore, Md.

14. Maiden name... Mary Kutsner

15. Birthplace... Baltimore, Md.

16. Informant... Mary Mack (Mother)

Address... 1752 Bank St., Balto., Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof June 3, 1945
(month) (day) (year)

Cemetery or crematory... Holy Redeemer

Location... Baltimore, Md.

18. Funeral director... George Weber

Address... 2503 Edmondson Ave., Balto., Md.

19. 5/30/45 19... 5/30/45
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 30 19 45 at 1:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 19 45, to May 30 19 45, and that I last saw him alive on May 30 19 45.

Immediate cause of death... Pulmonary Tuberculosis DURATION 4 1/2 Yrs.

~~XXXX~~ Tuberculous Enteritis 3 Mos.

~~XXXX~~ Tuberculous Laryngitis 3 Mos.

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... J. B. Lyn M. D. or ~~XXXX~~

Address... State Sanatorium, Md. Date signed 5/30/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED
JUN 4 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

04995

Reg. Dist. No. 131

1. PLACE OF DEATH
 County..... Fredrick
 City or town..... Fredrick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 2 day
 Hospital, institution, or street address where death occurred:
Fredrick City Hospital
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Md County..... Fredrick
 City or town..... M. Bethesda
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... none

3. (a) FULL NAME
Ray Wilford Gue

3. (b) Social Security Number

none

4. Sex..... Male 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... July 13 - 1931 6.(c) If alive, give age..... years

8. AGE: Years..... 13 Months..... 9 Days..... 26 If less than one day..... hrs. min.

9. Birthplace..... Md
 (Town, county, and state)

10. Usual occupation..... Student

11. Industry or business

FATHER 12. Name..... Warthington Ramming (step father)
 13. Birthplace..... Md

MOTHER 14. Maiden name..... Lillian Gue
 15. Birthplace..... Md

16. Informant..... Warthington Ramming
 Address..... Monrovia Md

17. Burial..... Funeral Date thereof..... May 12 - 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Morris Chapel
 Location..... Phone No 4 - The D.K. Co. Md.

18. Funeral director..... W.E. Falcum
 Address..... New Market Md

19. 9 May 19. 45..... Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 9 19. 45 at 230 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19. to 19.
 and that I last saw him..... dead May 9 19. 45

Immediate cause of death..... Pneumococcus meningitis DURATION..... 3 days

Due to..... Fall & fracture of right auto DURATION..... 10 days

Other conditions..... accident - was standing in rear of a truck which collided with another truck at
 (Include pregnancy within 3 months of death) Ridgville Fred Co.

Major findings of operations..... Md on 4-25-45 at 8:15 A.M.

Antopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... accident Date of..... 4:30-45
 Where did injury occur?..... Fredrick D. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... at work
 Means of Injury..... fell thru roof Injured at work?..... no

23. SIGNATURE..... R. W. Bae M. D. or other
 Address..... Fredrick Date signed..... 5-9-45

RECEIVED
MAY 11 1945
BUREAU V.F.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 04996, 144

1. PLACE OF DEATH:
 County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. West Main
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME Vernon Franklin Hetterly.

3. (b) Social Security Number
213-01-6299

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Iola Hetterly
 6. (c) If alive, give age _____ years
 7. Birth data of deceased (mo., day, yr.) January 10, 1882
 8. AGE: Years 63 Months 4 Days 6 It less than one day _____ hrs. _____ min.

9. Birthplace Thurmont, Frederick Co., Md.
 (Town, county, and state)
 10. Usual occupation Carpenter.
 11. Industry or business With Contractor.
 12. Name Isabelle Freeze
 13. Birthplace Thurmont, Md.
 14. Maiden name Henry Hetterly.
 15. Birthplace Thurmont, Md.

16. Informant Harry Hetterly.
 Address Thurmont, Md.

17. Burial Date thereof May 19, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory United Brethern
 Location Thurmont, Md.

18. Funeral director M. L. Creager & Son.
 Address Thurmont, Md.

19. May 18 19 45 Asma M. Jones
 (Date rec'd by Registrar) Registrar
Per Blanche S. Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1945 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 15 19 44 to May 16 19 45
 and that I last saw him alive on May 16 19 45

Immediate cause of death Coronary Heart Disease
 DURATION 6 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James H. Jones M. D. or other

Address May 17 - 1945 Date signed _____

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED
MAY 21 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (310)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yrs

Hospital, institution, or street address where death occurred:

Montevue - Rural

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick

City near Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Alma Lucretia May Hildebrand

3. (b) Social Security Number

none

4. Sex F. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1883 6.(c) If alive, give age years

8. AGE: Years 61 Months 4 Days 27 If less than one day hrs. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business

12. Name Joseph L. Hildebrand

13. Birthplace Maryland

14. Maiden name Anna County

15. Birthplace Maryland

16. Informant David J. Hildebrand

Address 2 Woodlawn Rd.

17. Burial Date thereof May 12, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Wt. Hope

Location 2 Woodlawn Rd.

18. Funeral director Buell & Hartzler

Address 2 Woodlawn Rd.

19. 11-May 19 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1945 at 7 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 45 to May 10 19 45

and that I last saw him/her alive on May 9 19 45

Immediate cause of death Coronary Artery Disease

Exhaustion

Due to Cardiovascular

Renal

Due to Arteriosclerosis

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE H. Lawrence Gehring MD
M. D. or other

Address Frederick Md Date signed 5-10-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

MAY 14 1945

BUFFALO, N.Y.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

 04998
 Reg. Dist. No. 131

1. PLACE OF DEATH:
 County... Frederick
 City or town... Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 Hour's
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 30 Hour's

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 127 East Sixth Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

REVA JEAN HIMES

 3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S
 6. (b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) April 30, 1945
 8. AGE: Years Months Days If less than one day
1 hrs. min.

9. Birthplace Nr. Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Paul E. Himes, Jr.
 13. Birthplace Frederick County Maryland
 14. Maiden name Miriam Catherine Mercer
 15. Birthplace Frederick County Maryland
 16. Informant Paul E. Himes, Jr.
 Address 127 E. Sixth St., Frederick, Md.

17. Burial Date thereof 5/2/45
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Frederick Memorial Park
 Location Frederick, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 2-May-45 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st, 1945 at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30, 1945 to May 1, 1945
 and that I last saw him alive on April 30, 1945

Immediate cause of death Premature birth
(6 months)

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE Edward W. Gish M. D.
 M. D. or other
 Address Frederick, Maryland Date signed 5-1-45

RECEIVED
MAY 3 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04299139

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Since 4/11/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution?..... Since 4/11/45

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... Maryland County..... Howard
 City or town..... Gambrills
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ☒

3. (a) FULL NAME

Alpha Patton Hobbs

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married

8. (b) Name of husband ~~XXXX~~ Aaron Bradley Hobbs

7. Birth date of deceased (mo., day, yr.)..... June 9, 1914
 6. (c) If alive, give age..... years

8. AGE: Years..... 30 Months..... 11 Days..... 21
 If less than one day..... hrs. min.

9. Birthplace..... Union County, Tenn.
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

12. Name..... Dan Patton13. Birthplace..... ?14. Maiden name..... Line Sheckles15. Birthplace..... ?18. Informant..... Deceased

Address.....

17. Buried Date thereof..... June 9, 1945
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)Cemetery or crematory..... First Church of GodLocation..... Gambrills, Md.18. Funeral director..... M. L. Creager & SonAddress..... Thermont, Md.19. Thermont 19..... 45
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 30 19..... 45 at..... 9:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 11 19..... 45 to..... May 30 19..... 45
 and that I last saw h..... alive on..... May 30 19..... 45

Immediate cause of death..... Pulmonary Tuberculosis DURATION..... 5 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operation.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... J. B. Lynn M. D. XXXXAddress..... State Sanatorium, Md. Date signed..... 5/30/45

MAILED TO TREATMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

RECEIVED
JUN 4 1945
BUREAU T.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-1

CERTIFICATE OF DEATH

Reg. Dist. No. 050981

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Frederick
 City or town Beesville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Beesville, Md
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Charles S. Houch Sr.

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Virginia Cromwell

7. Birth date of

deceased (mo., day, yr.) April 8, 18736. (c) If alive, give age 66 years

8. AGE:

Years 72 Months 0 Days 28 If less than one day

9. Birthplace

Mt. Pleasant, Frederick, Md
(Town, county, and state)

10. Usual occupation

Farmer raising stock

11. Industry or business

Dealer

FATHER

12. Name James Houch13. Birthplace Frederick Co., Md

MOTHER

14. Maiden name Alice Cromwell15. Birthplace Frederick Co., Md.

16. Informant

James Charles S. Houch JrAddress Frederick, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5/13/45

Cemetery or crematory

Mt. Olivet

Location

Frederick, Md

18. Funeral director

Harry P. Garity Co

Address

Frederick, Md.19. 12 May

(Date rec'd by registrar)

19. 45Elizabeth L. Hecke

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 10 19. 45 at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 24 19. 45 to May 10 19. 45and that I last saw him alive on May 10 19. 45

Immediate cause of death

Cerebral thrombosis

DURATION

10 days

Due to

Arteriosclerosis

Due to

Chronic Hypertension

Other conditions

Chronic Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

Yes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. Quentin Pearce M.D.

Address

Frederick, Md

M.D. or other

Date signed 5/11/45

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REC-41
MAY 15 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 4/4/45**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 4/4/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County.....
 City or town **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **2200 Annapolis Rd.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME
Hilda M. Hynes

3.(b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Single**

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **April 3, 1928** 6.(c) If alive, give age..... years

8. AGE: Years **17** Months **1** Days **16** If less than one day..... hrs. min.

9. Birthplace **Baltimore, Maryland**
 (Town, county, and state)

10. Usual occupation **None**

11. Industry or business

12. Name **Edgar Hynes**

13. Birthplace **Baltimore, Md.**

14. Maiden name **Winona Seymoure**

15. Birthplace **Baltimore, Md.**

16. Informant **Edgar Hynes (Father)**

Address **2200 Annapolis Rd. Balto., Md.**

17. (Burial, cremation, or removal, Which?) **Burial** Date thereof **May 22, 1945**
 (month) (day) (year)

Cemetery or crematory **Unknown**

Location **Mt. Creque & Son**

18. Funeral director **Thurmond**

Address **519/85**

19. (Date rec'd by registrar) **5/21/45** Registrar **Will**

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 19** 19 **45** at **7:05 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **April 4** 19 **45** to **May 19** 19 **45** and that I last saw him/her alive on **May 19** 19 **45**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **15 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE **Edgar Hynes** M. D. **XXXXX**

Address **State Sanatorium, Md.** Date signed **5/21/45**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED
MAY 22 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05002

Reg. Dist. No. 134

1. PLACE OF DEATH:

County... Frederick
 City or town... Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Gettysburg St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Margaret Henrietta Kelly
 4. Sex Fm 5. Color or race White 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Frank Kelly6.(c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) Sept. 21, 1878

8. AGE: Years 66 Months 8 Days 2 If less than one day
 _____ hrs. _____ min.

9. Birthplace Adams County, Penna.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael Lingg13. Birthplace Adams Co., Penna.14. Maiden name Henrietta Felix15. Birthplace Adams Co., Penna.16. Informant Bernard N. KellyAddress Emmitsburg, Md.17. Burial Date thereof May 26, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph's CatholicLocation Emmitsburg, Md.18. Funeral director A. L. AllisonAddress Emmitsburg, Md.19. May 25 1945 W. J. Pluff
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1945 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 1945 to May 23 1945
 and that I last saw him alive on May 23 1945

Immediate cause of death Cardiac Decompensation DURATION 1 mo.

Due to chronic myocarditis several years

Due to arricular fibrillation several years

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. R. Cade M.D. M. D. or otherAddress Emmitsburg, Md. Date signed 5-24-45

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

RECEIVED
MAY 28 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (460)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: <u>Frederick City Hospital</u> How long in hospital or institution?..... <u>1 day</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Frederick</u> City or town..... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>216 East Fifth Street</u> (If rural, give LOCATION) 2.(a) If veteran, name War..... <u>None</u>											
3. (a) FULL NAME <u>John Ludwig Kern, Jr.</u> <u>Infant Boy Kern</u>				3. (b) Social Security Number <u>None</u>											
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Single</u>											
6. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) <u>May 14-1945</u>				6. (c) If alive, give age years 8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>0</u></td> <td><u>0</u></td> <td><u>1</u></td> <td>.....hrs.min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>0</u>	<u>0</u>	<u>1</u>hrs.min.
Years	Months	Days	If less than one day												
<u>0</u>	<u>0</u>	<u>1</u>hrs.min.												
9. Birthplace (Town, county, and state) <u>Frederick County Md.</u>				20. DATE OF DEATH <u>May 15th.</u> 19 <u>45</u> , at <u>12:55P.M.</u>											
10. Usual occupation 11. Industry or business				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>May 15 1945</u> to <u>May 15 1945</u> and that I last saw h..... alive on <u>May 15 1945</u>											
12. Name <u>John L. Kern</u> 13. Birthplace <u>Frederick Co. Md.</u>				Immediate cause of death <u>Ateleclain of lungs</u> Due to..... <u>(Newborn)</u>											
14. Maiden name <u>Catherine Titlow</u> 15. Birthplace <u>Frederick Co. Md.</u>				Other conditions (Include pregnancy within 3 months of death)											
16. Informant <u>Charles C. Titlow</u> Address <u>216 E. 5th. St- Frederick, Md.</u>				Major findings of operations Date of op.											
17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory..... <u>Mount Olivet Cemetery</u> Location..... <u>Frederick, Md.</u>				Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.											
18. Funeral director <u>C.E.Cline and Son</u> Address <u>Frederick, Md.</u>				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?											
19. 16 May 1945 (Date rec'd by registrar)				23. SIGNATURE <u>H Lawrence Gehring MD</u> Address..... <u>Frederick Md</u> Date signed..... <u>5-15-45</u>											

Registrar

RECEIVED
MAY 17 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 Days
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 12 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Tuscarora
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Licksville
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

CLARENCE HAYES LAMAR

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) ~~Single~~ married, widowed, or divorced M
 6. (b) Name of husband or wife Viola Ranneberger
 6. (c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) May 4, 1880
 8. AGE: Years 65 Months 0 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Licksville-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation Merchant
 11. Industry or business Own Business
 12. Name John C. Lamar
 13. Birthplace Frederick County Maryland
 14. Maiden name Hattie Hayes
 15. Birthplace Montgomery County Maryland

16. Informant Mrs. Viola R. Lamar
 Address Tuscarora, Maryland
 17. Burial Burial Date thereof 5/21/45
 (Burial, cremation, or removal, which) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
 Location M. R. Etchison and Son
 18. Funeral director Frederick, Maryland
 Address

19. 19-May 45 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 18th, 19 45 at 8:45P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 19 45 to May 18 19 45
 and that I last saw him alive on May 18 19 45

Immediate cause of death Uremia DURATION 12 days

Due to Chronic parenchymatous nephritis year 4

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE B. Thomas M. D.
 Address Frederick, Maryland Date signed 5-19-45

RECEIVED

MAY 22 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1276)

CERTIFICATE OF DEATH

Reg. Dist. No. 05005 31

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 2 wks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2(a) If veteran, name war no

3. (a) FULL NAME

Charles Frederick Main

3. (b) Social Security Number

no

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white widowed6. (b) Name of husband or wife Della Main

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 29, 18698. AGE: Years Months Days If less than one day
75 10 27 _____ hrs. _____ min.9. Birthplace Middletown Frederick Co. Md.
(Town, county, and state)10. Usual occupation Manufacturer Ace Cream

11. Industry or business

12. Name F. Tobias Main13. Birthplace Middletown, Md.14. Maiden name Mary Ann Shafer15. Birthplace Middletown, Md.16. Informant Russel MainAddress Middletown, Md.17. Burial Date thereof May 29, 1945
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Gladiell Co.Address Middletown, Md.19. 27-May 1945 Elizabeth G. Hech.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1945, at 12:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 5 1945 to May 26 1945
and that I last saw him alive on May 26 1945Immediate cause of death Pulmonary edema

DURATION

2 daysDue to Cardiac Failure &3 daysDue to anemia
Cholecyserclaw12 daysOther conditions Chronic Myocarditis
& Nephritis
(Include pregnancy within 3 months of death)Major findings of operations Large tumor liver & bladder

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. P. Price M. D. or otherAddress Jefferson Md. Date signed 28/5/45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED
JUN 2 1945
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 33 yrs.
 Hospital, institution, or street address where death occurred:
227 East 5th. St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 227 East 5th. St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

CHARLES JOSEPH MASK

3. (b) Social Security Number

214-10-3404

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mary Houtman Mask
 6. (c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) October 24-1872
 8. AGE: Years 72 Months 7 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Moulder
 11. Industry or business Iron and Steel Company
 12. Name Charles M. Mask
 13. Birthplace Baltimore, Md.
 14. Maiden name Julia Fuller
 15. Birthplace Baltimore, Md.

19. Informant Mrs. Charles J. Mask
 Address Frederick, Md.

17. Burial June 4 - 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Johns Cemetery
 Location Frederick, Md.
 18. Funeral director C.E. Cline and Son
 Address Frederick, Md.

19. 2 June 1945 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st. 1945, at 7:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 15 1945, to May 31 1945, and that I last saw him alive on May 27 1945.

Immediate cause of death Uremia - terminal DURATION 6 days

Due to Arterio-sclerotic
Myocardial degeneration 9 years

Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE L. R. Schoolman M.D. M. D. or other
 Address Frederick, Md. Date signed 6/2/45

UNITED STATES DEPARTMENT OF HEALTH

CONFIDENTIAL

RECEIVED

JUN 7 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

CERTIFICATE OF DEATH

7
05007

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Now long in above place of death? 2 Years
Hospital, institution, or street address where death occurred:
708 North Market Street
Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 708 North Market Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME
FLORENCE MAUGHT

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife John Maught

7. Birth date of deceased (mo., day, yr.) December 4, 1856 6. (c) If alive, give age _____ years

8. AGE: Years 88 Months 5 Days 12 It less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Ezra S. Horine

13. Birthplace Frederick County Maryland

14. Maiden name Eliza House

15. Birthplace Frederick County Maryland

16. Informant Mr. Baxter T. Horine

Address Burkittsville, Maryland

17. Burial Date thereof 5/19/45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Cemetery

Location Burkittsville, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 19 May 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th, 1945 at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4, 1945 to May 16, 1945 and that I last saw him/her alive on May 15 1945

Immediate cause of death Pulmonary edema DURATION 5 days

Due to Myocardial failure 1 wk

Due to Senility & Malnutrition 6 mo

Other conditions albuminuria 8 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. P. Bruce M. D.
M. D. or other

Address Jefferson, Maryland Date signed 5-18-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAINTAIN STATE INDEPENDENT & SOVEREIGN

RECEIVED MAY 22 1945

REC'D
MAY 22 1945
BUREAU V.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19-2

CERTIFICATE OF DEATH

05008

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/12/43
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/12/43

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 105 E. Washington St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Frank R. Moore

3. (b) Social Security Number

214-09-5299

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Feb. 8, 1895
 8. AGE: Years 50 Months 3 Days 2 If less than one day
 hrs. min.

9. Birthplace Hagerstown, Maryland
 (Town, county, and state)
 10. Usual occupation Shoe Machine Operator
 11. Industry or business

FATHER 12. Name William Moore
 13. Birthplace Carlyle, Pa.
 MOTHER 14. Maiden name Elizabeth Miller
 15. Birthplace Carlyle, Pa.

16. Informant Deceased
 Address

17. (Burial, cremation, or removal. Which?) Buried Date thereof 5-12-1943
 (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
 Location Hagerstown, Md.

18. Funeral director Asst. Offman
 Address Hagerstown

19. 7 19. 5
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 19. 45, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 12 19. 43 to May 10 19. 45
 and that I last saw him alive on May 10 19. 45

Immediate cause of death..... DURATION
Pulmonary Tuberculosis 5 1/2 Yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... M. D. KOTEXAddress State Sanatorium, Md. Date signed 5/10/45

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAY 12 1945

BUREAU V.S.

131
23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: Frederick
 County..... Monrovia
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Monrovia
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

CEANY ELLEN MURPHY

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Thomas H. Murphy
 deceased 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Oct. 8, 1850
 8. AGE: Years 94 Months 7 Days 22 If less than one day
 hrs. min.

9. Birthplace Montgomery Co. Maryland
 (Town, county, and state)
 10. Usual occupation..... None

11. Industry or business

FATHER 12. Name Matthew Molesworth
 13. Birthplace Maryland
 MOTHER 14. Maiden name Mary Elizabeth Ryan
 15. Birthplace Maryland

16. Informant Mr. Thomas M. Murphy
 Address Monrovia, Md.

17. Burial Date thereof 6-2-45
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Pine Grove
 Location Mt. Airy, Carroll Co. Md.

18. Funeral director C. M. Waltz
 Address Winfield, Ma.

19. May 30 1945 Lucian K. Falcov
 (Date reg. by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1945 at 5a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 May 27 1945 to May 30 1945
 and that I last saw him alive on May 29 1945

Immediate cause of death Cerebral Hemorrhage DURATION 36 hrs

Due to Infirmitie of age
 Due to 94 yrs

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE C. M. Waltz M. D. or other

Address Mt Airy Md Date signed 5/30/45

RECEIVED

JUN 5 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05010 131

1. PLACE OF DEATH: County..... Frederick City or town..... Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... 30 yrs. Hospital, institution, or street address where death occurred: 204 S. Carroll Street How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... Maryland County..... Frederick City or town..... Frederick (If outside city or town limits, write RURAL and give nearest town) Street No..... 204 S. Carroll St. (If rural, give LOCATION) World War 1 2.(a) If veteran, name war.....			
3. (a) FULL NAME DAVID A. MYERS				3. (b) Social Security Number None			
4. Sex Male		5. Color or race White		6. (a) Single, married, widowed, or divorced Single			
6. (b) Name of husband or wife							
7. Birth date of deceased (mo., day, yr.) ? ? -1891							
8. AGE: Years 54		Months ?		Days ?		If less than one day hrs. min.	
9. Birthplace Baltimore County Maryland (Town, county, and state)							
10. Usual occupation Restaurant Cook							
11. Industry or business							
FATHER		12. Name Don't Know					
MOTHER		13. Birthplace					
14. Maiden name Don't Know		15. Birthplace					
16. Informant Carl H. Hane Address..... Frederick, Md.							
17. Burial (Burial, cremation, or removal of remains) Date thereof..... June 4 - 1945 (month) (day) (year) Cemetery or crematory..... Mount Olivet Cemetery Location..... Frederick, Md.							
18. Funeral director C.E. Cline and Son Address..... Frederick, Md.							
19. 2 June 1945 Elizabeth G. Heck Registrar (Date read by registrar)							
MEDICAL CERTIFICATION 20. DATE OF DEATH May 31st. 1945 at 11:30 A.M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-31-45 7 a.m. to 11:30 a.m. and that I last saw him alive on 5-31-45 Immediate cause of death Pulmonary Edema DURATION 14 hrs Due to Generalized Pericarditis of Lungs - 162 hrs Other conditions (Settled the man for 9 1/2 hrs. previous physician was Dr. R. A. Bell, Jr. M.D. Carcinoma of the lung) Major findings of operations Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
23. SIGNATURE U.S. Bourne Jr. M.D. Frederick, Md. M. D. or other Address..... Date signed 6-1-45							

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 6 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3

Hospital, institution, or street address where death occurred:

236 East 3rd St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 236 East 3rd St
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Elmer Roy Muzz

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Clara Smith Muzz

B. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Jan 23, 1882

8. AGE:

Years

Months

Days

It less than one day

63318

_____ hrs.

_____ min.

9. Birthplace

Frederick, Frederick Md
(Town, county, and state)

10. Usual occupation

Cement & Brick man

11. Industry or business

Contracting

FATHER

12. Name

Edw. L. Muzz

13. Birthplace

Frederick, Md

MOTHER

14. Maiden name

Clementine A. Bopet

15. Birthplace

Frederick Co, Md

16. Informant

Ralph E Muzz

Address

Frederick, Md17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

5/13/45
(month) (day) (year)

Cemetery or ossuery

Mt. Olivet

Location

Frederick, Md

18. Funeral director

Harry E. Gantz Co

Address

Frederick, Md19. 12 May

(Date rec'd by registrar)

19 45Elizabeth S. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 1119 45

at

5:55 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 119 44to May 1119 45

and that I last saw him alive on

May 1119 45

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 Day

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Lawrence Fahney MD

M. D. or other

Address

Frederick Md

Date signed

5-11-45

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TO BE FILLED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH

TO BE FILLED BY THE REGISTRAR

NOTARY PUBLIC

RECEIVED

MAY 15 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

0501239

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 8/13/43
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 8/13/43

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2824 Montebella Terrace
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Catherine Picha

3.(b) Social Security Number

219-22-0759

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
<u>Female</u>	<u>White</u>	<u>Widow</u>	
6.(b) Name of husband or wife _____			
6.(c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>June 28, 1902</u>			
8. AGE:	Years	Months	Days
	<u>42</u>	<u>10</u>	<u>26</u>
	If less than one day _____ hrs. _____ min.		

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Sewing

11. Industry or business _____

MOTHER	12. Name <u>Frederick Minch</u>
	13. Birthplace <u>Eastern Shore, Maryland</u>
	14. Maiden name <u>Elizabeth Dell</u>
MOTHER	15. Birthplace <u>Germany</u>

16. Informant Deceased

Address _____

17. Burial Date thereof 5/28/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Holy Redeemer

Location Baltimore, Maryland

18. Funeral director Charles E. Schumunk

Address 2601 E. Madison

19. JW/KS 19 _____ Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 45 at 2:18 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 13 19 43 to May 24 19 45
 and that I last saw her alive on May 24 19 45

Immediate cause of death Pulmonary tuberculosis
 DURATION 29 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work? _____

23. SIGNATURE JW/KS M. D. XXXX

Address State Sanatorium, Md. Date signed 5/24/45

STATE OF MINNESOTA DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REPORTED
MAY 25 1945
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
City or town Brownstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 49 yrs.
Hospital, institution, or street address where death occurred:
205 East Polk St. St.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brownstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 205 East Polk St.
(If rural, give LOCATION)
2. (a) If veteran, name war none

3. (a) FULL NAME

Charles William Plunk

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Addie Reamberg
7. Birth date of deceased (mo., day, yr.) June 30 1866
6. (c) If alive, give age — years
8. AGE: Years 78 Months 11 Days 1 It less than one day — hrs. — min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual occupation Retired B & O R.R. employee

11. Industry or business

12. Name William H. Plunk
13. Birthplace Brownstown Md.

14. Maiden name Mary Jane Minis
15. Birthplace Maryland

16. Informant M. P. Plunk
Address Cambria Pa.

17. Burial, cremation, or removal, Which? Buried Date thereof June 3, 1945
(month) (day) (year)

Cemetery or crematory Wm. Christ
Location Frederick

18. Funeral director C. H. Futer & Son
Address Brownstown Md.

19. Date rec'd by registrar June 2, 1945 Registrar Emma Martin
Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1945, at 10 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1945, to May 31 1945, and that I last saw him alive on May 31 1945.

Immediate cause of death Pneumonia (secondary) DURATION 10 days

Due to —
Other conditions —
(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE — M. D. or other —
Address — Date signed 6/4/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 5 1985
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Years
Hospital, institution, or street address where death occurred:
411 East Patrick Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 411 East Patrick Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME
CHARLES THOMAS RAGLAN

3. (b) Social Security Number
214-10-5615

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced
6. (b) Name of husband or wife Bessie Bowie
6. (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) October 2, 1885
8. AGE: Years 59 Months 7 Days 19 If less than one day
hrs. min.

9. Birthplace Norfolk, Virginia
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business H. K. Ferguson Company

12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. Bessie B. Raglan
Address 34 S. Bentz St., Frederick, Md.

17. Burial Date thereof 5/23/45
(Burial, cremation, or removal, which)
(month) (day) (year)
Cemetery or place of interment Fairview Cemetery
Frederick, Maryland
Location M. R. Etchison and Son
Frederick, Maryland
18. Funeral director
Address

19. 22-May-1945 Elizabeth G. Hede
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st, 1945 at 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18, 1945 to May 21, 1945
and that I last saw him alive on May 20, 1945

Immediate cause of death Internal Hemorrhage
Due to Cerebral & Stomach

Due to acute Bronchitis

Other condition

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F.H. Hegde M. D.

Address Frederick, Maryland Date signed 5-22-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

705014

RECEIVED
MAY 23 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-1

CERTIFICATE OF DEATH

Reg. Dist. No. 05015 131

1. PLACE OF DEATH:

County... FredenipCity or town... Fredenip
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 76 years

Hospital, institution, or street address where death occurred:

238 East Patumb St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... FredenipCity or town... Fredenip
(If outside city or town limits, write RURAL and give nearest town)Street No. 238 East Patumb St
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Philip Augustus Scheel

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Sept 28, 1868

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

76721

hrs.

min.

9. Birthplace

Fredenip, Fredenip Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

Drayage & handling

12. Name

Philip A. Scheel

13. Birthplace

Germany

14. Maiden name

Katherine (unknown)

15. Birthplace

Germany

16. Informant

Fannie Scheel

Address

Fredenip, Md

17. Burial

(Burial, cremation, or removal. Write)

Date thereof

5/22/45
(month) (day) (year)

Cemetery or crematory

mt. Olivet

Location

Fredenip, Md

18. Funeral director

Harry E. Cant, Jr.

Address

Fredenip, Md.

19. 22 May

(Date rec'd by registrar)

19. 5-5

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 19. 45, at 8:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 12 19. 45, to May 20 19. 45and that I last saw him alive on May 19 19. 45

Immediate cause of death

Chronic myocarditis

DURATION

year 7

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. Thomas

M. D. or other

Address

Fredenip, Md.

Date signed

5/22/45

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERANS AFFAIRS
WASHINGTON, D. C. 20460

RECEIVED
MAY 23 1945
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05016

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Fredricks
City or town New Market
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ohio County Luscarora
City or town New Philadelphia Ohio
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mrs Annie Lerby Scott

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife Walter J Scott

7. Birth date of deceased (mo., day, yr.) June 20 - 1876 6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day
68 90 18 hrs. min.

9. Birthplace Glasgow Scotland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Arch Craig

13. Birthplace Glasgow Scotland

14. Maiden name unknown

15. Birthplace

16. Informant Paul O Dwyer

Address New Market Md

17. Burial Date thereof 5-11-1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Int Labor

Location Rocky Ridge Md

18. Funeral director Willhide & Bruger

Address Thurman

19. May 8 1945 Lucian K. Feltman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1945 at 10.30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1945 to May 8 1945

and that I last saw him alive on May 8 1945

Immediate cause of death Diabetes Mellitus DURATION 4 yrs.

Due to

Due to

Other conditions Large complete abdominal hernia 23 years
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest P. Roop, M.D. M. D. or other

Address New Market, Md. Date signed May 8, 1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 10 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick CountyCity or town Emmitsburg, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since 1931Hospital, institution, or street address where death occurred:
St. Joseph's Central House

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Florence Seaforth (Sister Perboyre)

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Sister of Charity</u>

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 14, 1878

8. AGE:	Years	Months	Days	It less than one day
	<u>67</u>	<u>2</u>	<u>16</u>	_____ hrs. _____ min.

9. Birthplace Pittsburg, Pennsylvania
(Town, county, and state)10. Usual occupation Sister of Charity11. Industry or business Teaching or Hospital Work12. Name Augustine Seaforth13. Birthplace York, Pennsylvania14. Maiden name Rebecca McConony15. Birthplace Philadelphia, Pennsylvania16. Informant Sister Rosa, AssistantAddress St. Joseph's Central House17. Burial Burial Date thereof June 2, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph's (Private)Location Emmitsburg, Maryland18. Funeral director S. L. AllisonAddress Emmitsburg Md.19. 5731 19 45 Th. J. Senff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 19 45 at 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 11 19 33 to May 31 19 45and that I last saw him alive on May 26 19 45

Immediate cause of death _____

Carcinoma Rectum DURATION 3 yrs

Due to _____

Due to _____

Other conditions Chronic Bronchial Asthma 15 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Morris B. Bireg MD M. D. or otherAddress Thurmont Md Date signed 5/31/45

RECEIVED
JUN 2 1945
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
City or town... Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 65 yrs.
Hospital, institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No... 103 West Patrick Street
(If rural, give LOCATION)
2.(a) If veteran, name war... None

3.(a) FULL NAME

MARGARET SNYDER

3.(b) Social Security Number

None

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife... Samuel Snyder		
7. Birth date of deceased (mo., day, yr.) September 6-1862		
8. AGE: Years 82	Months 8	Days 5 If less than one day hrs. min.

9. Birthplace... Cumberland County- Pennsylvania
(Town, county, and state)

10. Usual occupation... Housekeeper

11. Industry or business

12. Name... Lewis Kintz

13. Birthplace... Baltimore, Md.

14. Maiden name... Margaret Gher

15. Birthplace... Lisburn, Pennsylvania

16. Informant... Mrs. Jacob Kintz

Address... 103 W. Patrick Street

17. Burial Date thereof... May 13-1945
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory... Mount Olivet Cemetery

Location... Frederick, Maryland

19. Funeral director... C.E.Cline and Son

Address... Frederick, Maryland

19. 12 May 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 10th. 1945 at 5:30a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1945 to May 10 1945 and that I last saw him alive on May 10 1945

Immediate cause of death... Chronic myocarditis
DURATION 2

Due to...

Due to...

Other conditions... Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... H. Kline M.D.

Address... Frederick, Md. Date signed May 12 1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAINE STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DEATH RECORDS DIVISION

RECEIVED
MAY 15 1945
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
County.....
City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... February 19, 1945
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution?..... February 19, 1945

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County.....
City or town..... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No..... R. 14, Box 333
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Fred Allen Spring

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
8. (b) Name of ~~wife~~ wife..... Lou Elle Spring
6. (c) If alive, give age..... 30 years
7. Birth date of deceased (mo., day, yr.) January 10, 1899
8. AGE: Years Months Days If less than one day
46 4 4 hrs. min.

9. Birthplace..... Loudon County, Va.
(Town, county, and state)
10. Usual occupation..... Truck Driver
11. Industry or business
12. Name..... James Franklin Spring
13. Birthplace..... Loudon County, Va.
14. Maiden name..... Mary Ester Snoots
15. Birthplace..... Loudon County, Va.

16. Informant..... Lou Elle Spring, Wife
Address R. 14, Box 333, Bal to., Md.
17. ~~Burial~~ Burial Date thereof May 17-1945
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery ~~Knox St. Paul's Mt. Olivet Cemetery~~
Location Point of Rocks, Md. Frederick, Md.
18. Funeral director..... M. R. Etchison & Son
Address Frederick, Maryland
19. 5/14 45 5/14/45
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1945 at 1:10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 19 1945 to May 14 1945
and that I last saw him alive on May 14 1945

Immediate cause of death
Pulmonary Tuberculosis DURATION 1 Yr.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE..... J. B. Lynn M. D. of State
Address State Sanatorium, Md. Date signed 5/14/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

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RECEIVED

MAY 16 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05020

Reg. Dist. No. 141

1. PLACE OF DEATH

County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 56 yrs.

Hospital, institution, or street address where death occurred:

905 East A. St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 905 East A. St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Leonidas J. Stickley

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Mary Ellen Green Stickley

5.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

January 22, 1861

8. AGE:

84318

If less than one day

hrs. min.

9. Birthplace

Shenandoah Co., Va.

(Town, county, and state)

10. Usual occupation

B & O R.R. Engineer (Ret.)

11. Industry or business

FATHER

12. Name

Jessie Stickley

13. Birthplace

Humble, Shenandoah Co., Va.

MOTHER

14. Maiden name

Evelyn Cauffman

15. Birthplace

Humble, Shenandoah Co., Va.

16. Informant

Mrs. Mary Ellen Stickley

Address

905 E A St., Brunswick, Md.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof May 12, 1945
(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick, Maryland

18. Funeral director

Jesse S. Baile

Address

320 W. Potomac St. Brunswick, Md.

19.

May 11, 1945
(Date rec'd by registrar)Emma M. [Signature]
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1945 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1944 to May 10, 1945and that I last saw him alive on May 9, 1945

Immediate cause of death

Heart of heart failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED
MAY 14 1945
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946

CERTIFICATE OF DEATH

Reg. Dist. No. 131

05021

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:
#4 Center Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. #4 Center Street
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

PHOEBE ANN ELIZABETH DORCUS STOCKMAN

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or John W. Stockman
 7. Birth date of deceased (mo., day, yr.) February 3, 1859 8. (c) If alive, give age _____ years
 8. AGE: Years 86 Months 3 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business
 12. Name George W. Measell
 13. Birthplace Frederick County Maryland
 14. Maiden name Rebecca Elizabeth Stull
 15. Birthplace Frederick County Maryland
 16. Informant Mrs. Harvey Stockman
 Address Frederick, Maryland

17. Burial Date thereof 5/29/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or ossuery Mount Olivet Cemetery
Frederick, Maryland
 Location M. R. Etchison and Son
 18. Funeral director Frederick, Maryland
 Address

19. 28-May-46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th, 1945 at 7:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20, 1945 to May 26, 1945
 and that I last saw her alive on May 26, 1945

Immediate cause of death Angina pectoris DURATION 5 weeks

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. Thomas M. D.Address Frederick, Maryland Date signed 5-28-45

RECEIVED

RECEIVED

RECEIVED

MAY 31 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 19 years

Hospital, institution, or street address where death occurred:

11 East 2nd St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 11 East 2nd St
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Elisha C. Swonley

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 31 1860

8. AGE:

Years

Months

Days

If less than one day

85129

.....hrs.

.....min.

9. Birthplace New Market, Frederick, Md
(Town, county, and state)10. Usual occupation Farmer (retired)

11. Industry or business

12. Name Elisha C. Swonley13. Birthplace New Market, Fred. Co. Md14. Maiden name Margaret Nelson15. Birthplace Frederick Co. Md.16. Informant Miss Ella SwonleyAddress Frederick Md17. Burial Date thereof 6/1/45
(Burial, cremation, or removal - Which?) (month) (day) (year)Cemetery or crematory CentralLocation Central, Fred. Co. Md.18. Funeral director Harry E. Galt, Co.Address Frederick, Md.19. 31-May 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1945, at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 10 1945, to May 20 1945and that I last saw him alive on May 20 1945Immediate cause of death Chronic Hypertension

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Elizabeth G. Heck D. or otherAddress The Church Rd. #3045 Date signed 6/1/45

RECEIVED TO THE SECRETARY OF THE ARMY

DEPARTMENT OF THE ARMY

OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20315

RECEIVED

RECEIVED
JUN 2 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13-E

05023 J

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 3/19/45**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
Since 3/19/45
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Montgomery**
 City or town..... **Silver Spring**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **1907 Landsdown Way**
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... ✓

3. (a) FULL NAME
Lennie A. Tager

3. (b) Social Security Number
None

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
 8. (b) Name of husband ~~xxx~~ **Paul Tager** 6. (c) If alive, give age **49** years
 7. Birth date of deceased (mo., day, yr.) **December 30, 1892**
 8. AGE: Years **52** Months **4** Days **8** If less than one day
hrs.min.

9. Birthplace..... **North-Hero, Vermont**
 (Town, county, and state)

10. Usual occupation..... **Florist**

11. Industry or business.....

FATHER 12. Name..... **Orris P. Knight**
 13. Birthplace..... **North-Hero, Vermont**

MOTHER 14. Maiden name..... **Sarah Darrow**
 15. Birthplace..... **Winthroe, N.Y.**

16. Informant..... **Paul Tager (Husband)**
 Address..... **Silver Spring, Maryland**

17. **Removal** Date thereof..... **May 28, 1945**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

~~Carried to~~ **Transportation to:**
 Location..... **Grand Isle, Vermont**

18. Funeral director..... **M. L. Creager & Son**
 Address..... **Thurmont, Maryland**

19. **5/8/45** 19.....
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **May 8** 19..... **45** at **2:30A** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 19 19..... **45** to..... **May 8** 19..... **45**
 and that I last saw h..... alive on..... **May 8** 19..... **45**

Immediate cause of death.....
Pulmonary Tuberculosis DURATION **13 Yrs.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... **J. B. Lyon** M. D. **XXXX**

Address..... **State Sanatorium, Md.** Date signed..... **5/8/45**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

MAY 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 WeeksHospital, institution, or street address where death occurred:
Frederick City HospitalHow long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war _____ None

3. (a) FULL NAME

GEORGE WILLIAM KNIGHT THRASHER

3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Nellie Lakin6. (c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) October 31, 18908. AGE: Years 54 Months 8 Days 10 If less than one day _____ hrs. _____ min.9. Birthplace Montgomery County Maryland
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Own Farm12. Name William Thrasher13. Birthplace Frederick County Maryland14. Maiden name Ella V. Miller15. Birthplace Frederick County Maryland16. Informant Mrs. Nellie L. ThrasherAddress Jefferson, Maryland17. Burial Date thereof 5/14/45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reformed CemeteryLocation Jefferson, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11-May 1945 Elizabeth G. Hask
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1945 at 4:35A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1945 to May 11 1945 and that I last saw him alive on May 11 1945

Immediate cause of death _____

Temporary edema & cerebral edema DURATION 3 daysDue to uremia 2 weeksDue to Chronic nephritis 10 yrsOther conditions Causing disease & by preliminary 1 yr(Include pregnancy within 3 months of death) 10 yrs

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE O. J. Price M. D.Address Jefferson Md Date signed 5/14/45

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAY 14 1945

BUREAU OF VITALS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (836)

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick
 City or town Rural -- New Windsor
 (If outside city or town limits, write RURAL and give nearest town)
26 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural -- New Windsor
 (If outside city or town limits, write RURAL and give nearest town)
R.D. 2 New Windsor
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

ADAH Z. WADDELL

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife Charles S. Waddell
deceased 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1868

8. AGE: Years 76 Months 5 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co. Maryland
 (Town, county, and state)
None

10. Usual occupation

11. Industry or business

12. Name Frederick Ecker
 13. Birthplace Maryland

14. Maiden name Sarah C. Fritz
 15. Birthplace Maryland

16. Informant Mrs. Mildred M. Rumsport
 Address New Windsor, Md.

17. Burial Date thereof 5-12-45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel Methodist
Sams Creek, Carroll Co. Md.
 Location

18. Funeral director C. M. Waltz
 Address Winfield, Md.

19. 5/12 19 45 W. D. Curfman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19 45, at 11:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 19 45 to May 9 19 45
 and that I last saw her alive on May 9 19 45

Immediate cause of death Myocardial infarction
left hemiplegia
arteriosclerotic C.V.D.
 Due to

DURATION

1 mo.

Due to
 Other conditions Hypertension; senility;
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE E. L. Seigman M. D. Seigman
 Address Union Bridge Date signed 5/9/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 17 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredenich
City or town Fredenich Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:
Merganser Hosp. 4 days

How long in hospital or institution?.....

3. (a) FULL NAME

George Werking

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) January 13, 1864

8. AGE: Years 81 Months 3 Days 20 If less than one day _____ hrs. _____ min.

8. Birthplace Burkettsville, Fredenich Co., Maryland
(Town, county, and state)

10. Usual occupation Wheelwright

11. Industry or business.....

12. Name George Werking

13. Birthplace Brunswick

14. Maiden name Susan Hoffman

15. Birthplace Germany

18. Informant Virginia Hech

Address Merganser Hospital - Fredenich Md.

17. Burial Date thereof May 6 - 1945
(Burial, cremation, or removal - Which?) (month) (day) (year)

Cemetery or crematorium Burkettsville - Cedar

Location Burkettsville - Maryland

18. Funeral director C. H. Gutz & Son

Address Brunswick Md.

19. 4 May 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredenich

City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural Rt. 1
(If rural, give LOCATION)

2. (a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1945 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1945 to May 3 1945

and that I last saw him alive on May 3 1945

Immediate cause of death Chronic myocarditis

DURATION 24 hr.

Due to.....

Due to.....

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Kline M.D. M. D. or other

Address Frederick Md. Date signed May 4 1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAY 7 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

05027

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

424 North Market Street

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 424 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

GRACE BLANCHE WHITMORE

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Thomas Arnold Whitmore

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) December 30, 1879

8. AGE: Years 65 Months 4 Days 24 If less than one day ----- hrs. ----- min.

9. Birthplace Woodsboro, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

FATHER 12. Name Daniel P. Zimmerman

13. Birthplace Frederick Co., Maryland

MOTHER 14. Maiden name Catherine L. Stitely

15. Birthplace Frederick Co., Maryland

16. Informant T. A. Whitmore

Address Frederick, Maryland

17. Burial Date thereof May 27, 1945
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 26-May 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 45 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5th 19 45 to May 24th 19 45

and that I last saw her alive on May 22d 19 45

Immediate cause of death Coronary thrombosis DURATION 1/2 hour

Due to Cardiovascular-renal disease 2 years

Due to -----

Other conditions -----

(Include pregnancy within 8 months of death)

Major findings of operations -----

----- Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE OT Conley M. D. xxxx

Address Frederick, Maryland Date signed 5/26/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

MADE UP BY ()

DEPARTMENT OF HEALTH

RECEIVED

MAY 31 1945

BUREAU V.S.

McConley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

05028

7

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

MINNIE ELSIE WILES

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 205 E. 5th

(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced WidowB. (b) Name of husband or wife Frederick Eugene Wiles

7. Birth date of

deceased (mo., day, yr.)

B. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

73

3

23

hrs.

min.

B. Birthplace

Frederick County, Maryland.
(Town, county, and state)

1D. Usual occupation

none

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

1B. Funeral director

Address

1B.

(Date rec'd by registrar)

1B. 5 -

Elizabeth S. Heck

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 9 1945, at 11:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 22 1945, to May 9 1945and that I last saw him alive on May 9 1945

Immediate cause of death

DURATION

Due to

Due to

Due to

Other conditions

12. Cause

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed 5-9-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAY 11 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05029
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
1614 N. Market Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1614 N. Market Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

Edward Jacob Winebrener

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Minnie Young
7. Birth date of deceased (mo., day, yr.) April 15-1864
8. AGE: Years 81 Months 1 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)
10. Usual occupation Retired Merchant
11. Industry or business Grocery
FATHER 12. Name Edward J. Winebrener
13. Birthplace Hanover, Pa.
MOTHER 14. Maiden name Caroline Ebert
15. Birthplace Lancaster, Pa.

16. Informant Miss Caroline Winebrener
Address Frederick, Md.

17. Burial Date thereof May 17-1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Md.

18. Funeral director C.E. Cline and Son
Address Frederick, Md.

19. 17-May 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 15th. 1945 at 4:45p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13th 1945 to May 15th 1945
and that I last saw him alive on May 15th 1945
Immediate cause of death Cerebral Hemorrhage

Due to arterio-sclerosis
Due to hypertension
Other conditions hypertension
(Include pregnancy within 8 months of death)
Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Frank H. Hegner M. D. or other _____
Address Frederick, Md. Date signed May 16th 1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10025

CERTIFICATE OF DEATH

RECEIVED
MAY 18 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 or town... Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 or town... Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

ALICE FEISER WINEBRENNER

3. (b) Social Security Number

NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed , or divorced
Female	White	Divorced

6. (b) Name of husband or wife... Roy B. Winebrenner
 6. (c) If alive, give age... 60 years
 7. Birth date of deceased (mo., day, yr.) October 5, 1886
 8. AGE: Years Months Days If less than one day
58 7 20 hrs. min.

9. Birthplace... Woodsboro, Maryland
 (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business... None

12. Name... Parma Lee Feiser

13. Birthplace... Woodsboro, Maryland

14. Maiden name... Florence L. Riggs

15. Birthplace... Walkersville, Maryland

16. Informant... Miss Miriam Winebrenner

Address... Walkersville, Maryland

17. Burial Date thereof... May 28, 1945
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory... Mount Hope Cemetery

Location... Woodsboro, Maryland

18. Funeral director... C. E. Cline & Son

Address... Frederick, Maryland

19. 28-May 1945 Elizabeth Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 25 1945, at 5 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1944 to May 25 1945 and that I last saw her alive on May 25 1945

Immediate cause of death... Carcinoma Breast
metastasis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE... Samuel P. Fosterday

M. D. or other W. H. Hill Date signed 5/27/45

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED
MAY 31 1946
BUREAU W.C.